## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

017622-00013045

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |  |                                  |                                   |                        |                                      | _ | SMALL ENTITY TYPE            |                        |          | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|---|--|----------------------------------|-----------------------------------|------------------------|--------------------------------------|---|------------------------------|------------------------|----------|-------------------------------|------------------------|--|
| Γ <sub>Τ</sub>                                 | OTAL CLAIMS   |  | (Column 1)                       |                                   | (Colu                  | 2010mm 2)                            |   |                              | <u> </u>               | OR<br>7  |                               |                        |  |
| TOTAL CLAIMS                                   |   |  | 9                                |                                   |                        | l`                                   | · | RATE                         | FEE                    | 1        | RATE                          | FEE                    |  |
| FOR  |   |  | NUMBER FILED                     |                                   | NUMBER EXTRA           |                                      | E | BASIC FEE                    | 385.00                 | OR       | BASIC FEE                     | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                        |   |  | 9 minus 20=                      |                                   | * 6                    |                                      | L | X\$ 9=                       | _                      | OR       | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS                             |   |  | U minus 3 =                      |                                   | 0                      |                                      |   | X43=                         | /                      | OR       | X86=                          |                        |  |
| Mι   | ILTIPLE DEPEN   | NDENT CLAIM P  | RESENT                           |                                   |                        |                                      |   | +145=                        |                        | OR       | +290=                         |                        |  |
| * If   | the difference  | e in column 1 is   | less than ze                     | ero, enter                        | "0" in c               | column 2                             | L | TOTAL                        | 385                    | OR       | TOTAL                         |                        |  |
| CLAIMS AS AMENDED - PART II                    |   |  |                                  |                                   |                        |                                      |   |                              |                        | -        | OTHER                         | THAN                   |  |
|  |   | (Column 1)   |                                  |                                   |                        | (Column 3)                           | _ | SMALL                        | ENTITY                 | OR       | SMALL                         | ENTITY                 |  |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |                                  | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY           | PRESENT<br>EXTRA                     |   | RATE                         | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *  | Minus                            | **                                |                        | =                                    |   | X\$ 9=                       |                        | OR       | X\$18=                        |                        |  |
|  | Independent   | *  | Minus                            | ***                               |                        | =                                    |   | X43=                         |                        | OR       | X86=                          | ٠                      |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                  |                                   |                        |                                      |   | +145=                        |                        | OR       | +290=                         | ,                      |  |
|  |   |  |                                  |                                   |                        |                                      | L | TOTAL<br>DDIT. FEE           |                        | ام       | TOTAL                         |                        |  |
| (Column 1) (Column 2) (Column 3)               |   |  |                                  |                                   |                        |                                      |   |                              | !                      |          | ADDIT. FEE                    |                        |  |
|  |   | (Column 1)<br>CLAIMS   |                                  | (Colum<br>HiGHI                   |                        | (Column 3)                           |   |                              | ADDI-                  | 1 1      |                               | ADDI                   |  |
| AMENDMENT B                                    |   | REMAINING<br>AFTER<br>AMENDMENT                                  | ·                                | NUME<br>PREVIO<br>PAID F          | USLY                   | PRESENT<br>EXTRA                     |   | RATE                         | TIONAL<br>FEE          |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | * .  | Minus                            | **                                |                        | =                                    |   | X\$ 9=                       |                        | OR       | X\$18=                        |                        |  |
| AME  | Independent   | *  | Minus                            | ***                               |                        | =                                    |   | X43=                         |                        | OR       | X86=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                  |                                   |                        |                                      |   | 4.5                          |                        |          | 000                           | -                      |  |
|  |   |  |                                  |                                   |                        |                                      | L | +145=                        |                        | OR       | +290=                         |                        |  |
|  |   |  |                                  |                                   |                        |                                      |   | TOTAL<br>DIT. FEE            |                        | OR ,     | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)               |   |  |                                  |                                   |                        |                                      |   |                              |                        |          |                               |                        |  |
| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |                                  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>USLY            | PRESENT<br>EXTRA                     |   | RATE                         | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total-  | *  | Minus                            | **                                |                        | =                                    |   | X\$ 9=                       |                        | OR       | X\$18=                        |                        |  |
|  | Independent   | *  | Minus                            | ***                               |                        | =                                    |   | X43=                         |                        | OR       | X86=                          |                        |  |
|  | FIRST PRESE   | NTATION OF MU  | ILTIPLE DEP                      | ENDENT                            | CLAIM                  |                                      | - | <del></del>                  |                        | <u>.</u> |                               |                        |  |
| * 14   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |                                  |                                   |                        |                                      |   |                              |                        | OR       | +290=                         |                        |  |
| ***  | f the "Highest Nur<br>f the "Highest Nu   | mber Previously Pa<br>mber Previously Pa<br>mber Previously Paid | id For IN THIS<br>id For IN THIS | S SPACE is<br>S SPACE is          | less than<br>less than | n 20, enter "20."<br>n 3, enter "3." |   | TOTAL.  DIT. FEE  lin th app | ropriate box           |          | TOTAL<br>ADDIT. FEE<br>umn 1. |                        |  |